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APPLICANTS

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** CONTINUING DATA *****

a.d. (Yes)

This application is a CIP of PCT/US03/24368 08/01/2003
 which claims benefit of 60/423,881 11/05/2002
 and claims benefit of 60/400,624 08/02/2002
 This application 10/701,955
 is a CIP of PCT/US03/14785 05/09/2003
 which is a CON of 10/165,556 06/07/2002 PAT 6,676,605
 This application 10/701,955
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 which claims benefit of 60/423,881 11/05/2002
 and claims benefit of 60/400,624 08/02/2002
 This application 10/701,955
 claims benefit of 60/470,525 05/12/2003

** FOREIGN APPLICATIONS *****

a.d. (None)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 22	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

25315
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TITLE

3D ultrasound-based instrument for non-invasive measurement of amniotic fluid volume

<p>FILING FEE RECEIVED 691</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees (Filing)</p> <p><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</p> <p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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